

Please print or type (Form designed for use on elite (12-pitch) typewriter)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAT000038024		Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.		
		3. Generator's Name and Mailing Address F.M. THOMAS AIR CONDITIONING 231 Gemini Ave., Brea, Ca. 92621 Bruce		A. State Manifest Document Number 84341607		B. State Generator's ID CAT000038024		
4. Generator's Phone (714) 738-1062		5. Transporter 1 Company Name F.M. THOMAS AIR CONDITIONING		6. US EPA ID Number CAT000038024		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 14/738-1062		E. State Transporter's ID		
9. Designated Facility Name and Site Address OMEGA CHEMICAL CORP. 12504 E. Whittier Blvd. Whittier, Ca. 90602		10. US EPA ID Number CAD042245001		F. Transporter's Phone		G. State Facility's ID CAD042245001		
				H. Facility's Phone 213/698-0991				
GENERATOR	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	Type	13. Total Quantity	14. Unit Mt/Vol	15. Waste No.
	a. HAZARDOUS WASTE, LIQUID N.O.S / ORM-E (R-113) NA 9189				DM	300	P	211
	b.							
	c.							
	d.							
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above R01				
15. Special Handling Instructions and Additional Information								
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.								
Printed/Typed Name Hugh L. Castro				Signature <i>Hugh L. Castro</i>		Date Month Day Year 09 24 85		
TRANSPORTER	17. Transporter 1 Acknowledgement of Receipt of Materials				Signature <i>Hugh L. Castro</i>		Date Month Day Year 09 24 85	
	18. Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date Month Day Year	
FACILITY	19. Discrepancy Indication Space							
	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name TIM BALTERRA				Signature <i>TIM BALTERRA</i>		Date Month Day Year 10 24 85		